Application or Docket Number												ber	
PATENT APPLICATION FEE DETERMINATION RECOR								b E	Ch	10	900	100	795
Effective October 1, 2000								14	79	a:	30.31		′
CLAIMS AS FILED - PART I													
(Column 1) (Column 2)								SMALL EN TYPE	т		OTHER		
TO	TAL CLAIMS	10	(Column I)		Continuity					OR	SMALL	ENIIIY	
Ľ		10					ı	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		BMUN	UMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	·710.00	
TOTAL CHARGEABLE CLAIMS			0 minus 20=		•	0		X\$ 9=	•	OR	X\$18=	0	
	EPENDENT CL			nus 3 =				X40=		OR	X80=	80	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	0	
* If the difference in column 1 is less than zero, enter *0" in column 2						Į	TOTAL		OR		190		
CLAIMS AS AMENDED - PART II										,	OTHER		
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING		HIGH		2050512	ſ		ADDI-	1		ADDI-	1
		AFTER		PREVI	OUSLY	PRESENT EXTRA	ı	RATE	TIONAL		RATE	TIONAL	
		AMENOMENT		PAID	FOR	 ,,'-	ŀ		FEE			FEE	1
	Total	· 10	Minus	2	0	- 10	ł	X\$ 9=		OR	X\$18=		1
	Independent	NTATION OF MU	Minus	••• 7	T CL AIM	-9		X40=		OR	X80=		}
<u> </u>	nnei rheae	MIATION OF MC	JLIIPLE DEF	EUDEN	·		-[+135=		OR	+270=	•	
							I	TOTAL		- 1	TOTAL	 	1
						•	1	ADDIT. FEE		OR	ADDIT. FEE	L	4 ·
		(Column 1)	1	(Colu	mn 2) ŒSY	(Column 3)	_						J
AMENDMENT B		REMAINING		NUM	BER	PRESENT	1		ADDI-			ADDI-	
		AFTER AMENDMENT			FOR	EXTRA	^	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 10	Minus	')()	= 10	l	X\$ 9=	T to be	OR	X\$18=		
	Independent	• 4	Minus	Z		10	ł	X40=			X80=		1
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							740-		OR	7,00=		ł
		•		_		<u> </u>	l	+135=		OR	+270=		1
•							-	YOYAL ADDIT, FEE		OR	TOTAL		1
	•	(Caluma 4)		(Caba	÷- 0)	(Cahema (I)	•	ADUII. PEEI		•	AUUII. PEE		1
_	 	(Column 1)	1		mn 2) (EST	(Column 3)	r			1			1
2		REMAINING		NUM	BER	PRESENT	ł	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT C		AFTER AMENDMENT		_	CUSLY FOR	EXTRA] [~~''	MAIE	FEE		AAIE	FEE	
	Total	•	Minus	••		8	Ì	X\$ 9=		OR	X\$18=		1
	Independent	•	Minus	***		=	ŀ	X40=			X80=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					ŀ	V405		OR			1	
								+135=		OR	+270=		1
	f the entry in colu If the "Highest Nur	TOTAL		OR	TOTAL		1						
***	If the "Highest Nu	mber Praviously Pr	aid For IN THE	S SPACE	is less tha	on 3, enter "3."		LODIT. FEE		J	ADDIT. FEE		1
	The Highest Num	iber Previously Pai	d For (Total o	Independ	ient) is the	nighest number	tou	nd in the app	propriate bo	K ED CO	wmn 1.		1